

Date: \_\_\_\_\_

To,  
The Manager  
[Insurance Company Name]  
[Branch Address]

Subject: Request for Modification of Address in Motor Insurance Policy

Dear Sir/Madam,

I, [Policyholder's Name], am the insured under motor insurance policy number [Policy Number] for my vehicle bearing registration number [Vehicle Registration Number].

I request you to kindly update my address in your records as follows:

**Old Address:**

[Old Address Line 1]  
[Old Address Line 2]  
[City, State, ZIP]

**New Address:**

[New Address Line 1]  
[New Address Line 2]  
[City, State, ZIP]

Kindly make the necessary changes in your records and confirm the modification. I am enclosing valid address proof for your reference.

Thank you for your assistance.

Sincerely,

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[Policyholder's Name]  
[Contact Number]  
[Email Address]